

EVR Program Inventory Order Form

PLEASE CHECK ONE OF THE FOLLOWING BOXES:

| | Today's Date: | | Customer Account # | | UPS | PICKUP | |
|-------------------------|----------------------------|--|------------------------|-----------------------------|------------------|-----------------------------------|--|
| DBA Name: | | | Service Provider Name: | | | | |
| CORPORATION NAME: | | SHIPPING ADDRESS: (NO PO BOX - STREET ADDRESS OF CORPORATION) | | | | | |
| CITY/Town | | ZIP: | Contact Person: | | TEL#: | | |
| NAME | F OF INDIVIDUAL PICKING UP | SUPPLIES) | SIGNATURE (SIGNATURE | OF INDIVIDUAL PICKING UP SU | LICENSE#LICENSE# | F INDIVIDUAL PICKING UP SUPPLIES) | |
| | PLA | TES | | | SUPPLIES | | |
| # OF BOXES REQUESTED | PLATE TYPE | FOR RMV USE | ONLY | AMOUNT REQUESTED | SUPPLIES | FOR RMV USE ONLY | |
| | PAN | | | | RMV-1 FORMS | | |
| | PAS / BR | | | | DECALS / 12 | | |
| | PAS / CI | | | | DECALS / 13 | | |
| | PAS / NE | | | | DECALS / 14 | | |
| | PAS / RS | | | | | | |
| | PAS/ RW | | | | | | |
| | PAS/TC | | | | | | |
| | PAS/ US | | | | | | |
| | CON | | | | | | |
| | MCN | | | | | | |
| | TRN | | | | | | |

PLEASE FAX THIS FORM DIRECTLY TO THE RMV DISTRIBUTION CENTER AT: 781-431-5716

All requests for RMV Supplies must be made 7 business days in advance. UPS deliveries may take 1-3 days to arrive. If you do not receive your supplies within 3 business days, please call 781-431-5735 to confirm your order was received.

HOW TO ORDER SUPPLIES

First, check off one of the two boxes in the upper right corner to indicate if you want to pick up your supplies from the RMV Distribution Center or if you would prefer to have them shipped to you via UPS.

For UPS Shipping

After checking off the UPS box, complete the front of this form. Fill in your customer account number and service provider information in the space provided. If you do not know your customer account number, please contact your service provider. Leave the following lines blank: Name, Signature, and License # (these are only used if you are picking up your supplies).

Fax the form to the RMV Distribution Center at 781-431-5716.

For Pick Up From the RMV Distribution Center

- 1. After checking off the pick up box, complete the front of this form. Decide who will pick up the supplies and have him/her fill out the following lines: Name, Signature, and License #. This individual must be a full-time employee of the End User business (no runners).
- 2. Fax the form to the RMV Distribution Center at 781-431-5716. Any orders faxed by noon can be picked up the same day. Orders faxed after noon can be picked up the next day until 2:30 PM. The Distribution Center will call you if there is a problem with your order.
- 3. Pick up your supplies. The address of the Distribution Center is:

668 South Ave Weston, MA 02493

Its hours are Monday-Friday from 7:00 AM – 2:30 PM.

The Distribution Center will not give your order to anyone other than the individual named on the form. A photocopy of the driver's license will be kept on file.

If you do not pick up your supplies by 2:30 PM of the next business day, they will be shipped to you via UPS.

You cannot change your original order once you get to the Distribution Center. You will only be given what was listed on the Inventory Order Form.